#### **APPLICATION DATA SHEET**

#### **Application Information**

**Application Number::** 

To Be Assigned

Filing Date::

July 23, 2003

Application Type::

Regular

**Subject Matter::** 

Utility

Suggested Classification::

**Suggested Group Art Unit::** 

CD-ROM or CD-R?::

Number of CD Disks::

**Number of Copies of CDs::** 

**Sequence Submission?::** 

Computer Readable Form

(CFR)?::

**Number of Copies of CFR::** 

Title::

ROTATING VEND MECHANISM

**Attorney Docket Number::** 

36781-190617

Request for Early Publication?::

Request for Non-Publication?::

No

No

**Suggested Drawing Figure::** 

1-13

**Total Drawing Sheets::** 

13

**Small Entity?::** 

Yes

Latin Name::

**Variety Denomination Name::** 

Petition Included?::

**Petition Type::** 

Licensed US Govt. Agency::

**Contract or Grant Numbers::** 

Secrecy Order in Parent Appl.::

#### **Applicant Information**

**Applicant Authority Type:**:

Inventor

**Primary Citizenship::** 

**United States** 

Country::

**United States** 

Status::

**Full Capacity** 

Given Name::

**RONALD** 

Middle Name::

D.

Family Name::

**HALLIBURTON** 

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

Street of Mailing Address::

951 Fern Drive

City of Mailing Address::

Delray Beach

State or Province of Mailing

Address::

Country of Mailing Address::

Florida

Postal or Zip Code of Mailing

Address::

33483

**Applicant Authority Type::** 

Inventor

**Primary Citizenship::** 

**United States** 

Country::

**United States** 

Status::

**Full Capacity** 

Given Name::

Steve

Middle Name::

Family Name::

**CORSO** 

Name Suffix::

City of Residence::

**State or Province of Residence::** 

**Country of Residence::** 

**Street of Mailing Address::** 

303 North M Street

City of Mailing Address::	Lake Worth
State or Province of Mailing Address:: Country of Mailing Address::	Florida
Postal or Zip Code of Mailing Address::	33460
Applicant Authority Type::	Inventor
Primary Citizenship::	. ,
Country::	
Status::	Full Capacity
Given Name::	
Middle Name::	
Family Name::	
Name Suffix::	
City of Residence::	
State or Province of Residence::	
Country of Residence::	
Street of Mailing Address::	
City of Mailing Address::	
State or Province of Mailing Address:: Country of Mailing Address::	* · · · · · · · · · · · · · · · · · · ·
Postal or Zip Code of Mailing Address::	
Applicant Authority Type::	Inventor
Primary Citizenship::	
Country::	
Status::	Full Capacity
Given Name::	
Middle Name::	

Family Name::

Name Suffix::
City of Residence::
State or Province of Residence::
Country of Residence::
Street of Mailing Address::
City of Mailing Address::
State or Province of Mailing Address:: Country of Mailing Address::
Postal or Zip Code of Mailing Address::

### **Correspondence Information**

**Correspondence Customer** 

26694

Number::

202-962-4800

**Phone Number::** 

202-962-8300

Fax Number::

E-Mail Address::

jpshannon@venable.com

#### **Representative Information**

**Representative Customer** 

26694

Number::

## **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
	Non-Provisional of	60/397,608	July 23, 2002
	Continuation of		· · · · · · · · · · · · · · · · · · ·
<del> </del>	Continuation of		· · · · · · · · · · · · · · · · · · ·
	Continuation of		

# **Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
			,

### **Assignee Information**

Assignee Name::

BENCHMARK ENTERTAINMENT LC

**Street of Mailing Address::** 

51 Hypoluxo Road

City of Mailing Address::

Hypoluxo

State or Province of Mailing

Florida

Address::

**Country of Mailing Address::** 

Postal or Zip Code of Mailing

33451

Address::